

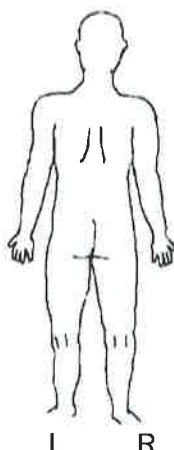
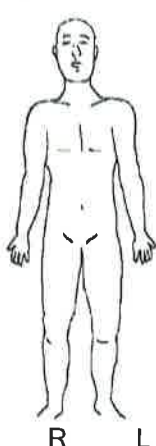
Wound Care Flowsheet



| | | | | |
|--------------|----------------|----------------|---------------|--------------|
| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|--------------|----------------|----------------|---------------|--------------|

Location of Wound(s)

Area: _____
(MARK AREAS ON FIGURES)



- ☐ Dressing Protocol
- ☐ Physician Order

Type: _____

Frequency: _____

Duration: _____

| Date & Time Of Treatment | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| Wound Size & Depth | | | | | | | |
| Wound Bed Appearance | | | | | | | |
| Wound Drainage (Color and Amount) | | | | | | | |
| Additional Comments (Odor/Edges/etc.) | | | | | | | |
| Initials | | | | | | | |

